

**MISSOURI CIRCUIT COURT, TWENTY-SECOND JUDICIAL CIRCUIT  
PROBATE DIVISION, CITY OF ST. LOUIS**

IN THE MATTER OF:

Respondent

No. \_\_\_\_\_

**PETITION FOR APPOINTMENT OF GUARDIAN AND CONSERVATOR\***

Come(s) now \_\_\_\_\_, of lawful age, the petitioner herein, and being first duly sworn, states:

That the above named respondent, a \_\_\_\_ male person, whose d/o/b is \_\_\_\_\_, and whose domicile is in the City of St. Louis, Missouri, and whose present residence and post office address is \_\_\_\_\_ is

\_\_\_\_\_  
incapacitated/disabled/incapacitated and disabled

The respondent owns property having an estimated value of:

Real Property \$ \_\_\_\_\_ Personal Property \$ \_\_\_\_\_

Respondent's finances are detailed on Exhibit B attached hereto.

Has the respondent executed a durable power of attorney? \_\_\_\_\_

Petitioner is the \_\_\_\_\_ of the respondent and requests that letters of  
Relationship

Guardianship be granted to \_\_\_\_\_, whose address is \_\_\_\_\_, and who is not now guardian or conservator for any wards or protectees (except as follows):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

The reasons why the appointment of a guardian is sought are: \_\_\_\_\_

\_\_\_\_\_  
[For Guardianship of the Person Only – per 475.060(9) R.S.Mo.] The specific physical or mental conditions which prevent the respondent from being able to receive and evaluate information or to communicate decisions to such an extent that he/she lacks capacity to meet essential requirements for food, clothing, shelter, safety, or other care such that serious physical injury illness or disease is likely to occur are:

\_\_\_\_\_  
[For Conservatorship of Estate Only – per 475.061(1) R.S.Mo.] The physical or mental conditions which prevent the respondent from being able to receive and evaluate information or to communicate decisions to such an extent that he/she lacks ability to manage his/her financial resources are:

\_\_\_\_\_

That respondent is in the custody of \_\_\_\_\_  
Name

Street Address City State Zip Code

Name and address of any guardian/conservator in this or any other state: \_\_\_\_\_

The following are the names, relationships and addresses for the spouse, parents, living children, adult brothers and sisters and other close relatives of the respondent:

NAME AND RELATIONSHIP	AGE (if applicable)	ADDRESS (include zip code)
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Spouse (indicate if deceased)		
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Mother (indicate if deceased)		
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Father (indicate if deceased)		
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Son/Daughter (Grandson/Granddaughter)		
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Son/Daughter (Grandson/Granddaughter)		
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Son/Daughter (Grandson/Granddaughter)		
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Son/Daughter (Grandson/Granddaughter)		
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Nearest Known Relative Name and Relationship		
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**NOTE:** If the respondent has no spouse, mother, father or children, the names of the nearest known relatives who are over the age of eighteen must be listed above.

The names and addresses of the witnesses who may be called to testify in support of the petition are set forth on Exhibit A attached hereto.

WHEREFORE, petitioner prays that a hearing and inquiry be held and the court appoint \_\_\_\_\_ Guardian of the person and \_\_\_\_\_ as conservator of the estate for the respondent, on giving the required bond, and for such other and further orders as the court deems right and proper in the premises.

The foregoing is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under oath or affirmation and its representations are true and correct to the best of petitioner's knowledge and belief, subject to the penalties of making a false affidavit or declaration.

\_\_\_\_\_  
Signature of Attorney for Petitioner

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Attorney's Name (Typed)

\_\_\_\_\_  
Petitioner's Name (Typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number With Area Code

\_\_\_\_\_  
Telephone Number With Area Code

\_\_\_\_\_  
Missouri Bar Number

**EXHIBIT A**  
**LIST OF PROSPECTIVE WITNESSES**

Following are the names and addresses of witnesses who may be called to testify in support of the foregoing Petition for the Appointment of a Guardian and/or Conservator.

NAME

ADDRESS

**EXHIBIT B**  
**FINANCIAL STATEMENT**

**PERSONAL PROPERTY:**

Checking Accounts

_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____

Saving Accounts

_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____

Stocks and Bonds		\$ _____
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Vehicles

_____	Bank	\$ _____
_____	Bank	\$ _____

Other

_____	Bank	\$ _____
_____	Bank	\$ _____
_____	Bank	\$ _____

<b>TOTAL PERSONAL PROPERTY</b>		<b>\$ _____</b>
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## FINANCIAL STATEMENT

### MONTHLY INCOME:

Social Security

Payee \_\_\_\_\_ \$ \_\_\_\_\_

Veterans Administration Benefits \$ \_\_\_\_\_

Pension

Source \_\_\_\_\_ \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_

Other

Source \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**REAL PROPERTY:** (List Location and Value)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_